| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | 19 | 11 9 00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | CM | 71633 | 12-19-00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | .............................. Rejected | N | .............................. Non-elected |
| = | .............................. Allowed | I | .............................. Interference |
| – | (Through numeral)... Canceled | A | .............................. Appeal |
| ÷ | .............................. Restricted | O | .............................. Objected |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)